

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	<u>10/554,561</u>
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	METHODS FOR MEASURING THE INSULIN RECEPTOR ALPHA SUBUNIT
Attorney Docket Number::	082368-006600US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	<u>No</u>
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Yousuke
Middle Name::	
Family Name::	Ebina
Name Suffix::	
City of Residence::	Tokushima-shi
State or Province of Residence::	Tokushima
Country of Residence::	Japan
Street of Mailing Address::	3-48, Kamifukuman, Hachiman-cho
City of Mailing Address::	Tokushima-shi
State or Province of mailing address::	Tokushima
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	770-8073

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Toshiyuki
Middle Name::	
Family Name::	Obata
Name Suffix::	
City of Residence::	Tokushima-shi
State or Province of Residence::	Tokushima
Country of Residence::	Japan
Street of Mailing Address::	3-75-101, Shinhama-cho 2-chome
City of Mailing Address::	Tokushima-shi
State or Province of mailing address::	Tokushima

Country of mailing address::	Japan
Postal or Zip Code of mailing address::	770-8006
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Eiji
Middle Name::	
Family Name::	Okamoto
Name Suffix::	
City of Residence::	Ina-shi
State or Province of Residence::	Nagano
Country of Residence::	Japan
Street of Mailing Address::	c/o Medical and Biological Laboratories Co., Ltd.
City of Mailing Address::	Ina-shi
State or Province of mailing address::	Nagano
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	396-0002

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP04/005412	04/15/04

**Foreign Priority Information**

Country::	Application number::	Filing Date::
Japan	2003-121955	04/25/03
Japan	2003-433303	12/26/03

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::